

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/593,922

FILING DATE

9-21-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4						
5		1				
6		1				
7						
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16	1					
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48						
49						
50						
TOTAL IND.	2	↓		↓		↓
TOTAL DEP.	18	←		←		←
TOTAL CLAIMS	20					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52						
53						
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99						
100						
TOTAL IND.			↓			↓
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS						